

COPY OF PAPERS  
ORIGINALLY FILED

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. Department of Commerce  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Please use a plus sign (+) inside this box ☒

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)	Application Number	10/014,099
	Filing Date	December 11, 2001
	First Named Inventor	Ralf KÜHN et al.
	Group Art Unit	1632
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	100725-21 / Kreisler 1097 KGB

TECH CENTER 1600/2900

RECEIVED  
AUG 15 2002

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> <b>Assignment Papers (for an Application)</b>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final	<input checked="" type="checkbox"/> <b>Drawing(s)</b>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> <b>Additional Enclosure(s) (please identify below):</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<b>- Diskette containing substitute computer readable form (CRF) copy of the Sequence Listing; copy of Notice to Comply with Requirements for Patent Applications dated 6/7/02.</b>
<input checked="" type="checkbox"/> <b>Response to Missing Parts/Incomplete Application</b> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

Remarks:

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Theodore A. Gottlieb NORRIS McLAUGHLIN & MARCUS, P.A.	Reg. No. 42,597
Signature	<i>Theodore Gottlieb</i>	
Date	August 7 2002	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to : Hon. Commissioner of Patents, Washington, D.C. 20231 on this date: May 6, 2002			
Typed or printed name	Vilma I. Fernandez		
Signature	<i>Vilma I. Fernandez</i>	Date	August 7, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Hon. Commissioner of Patents, Washington, DC 20231.